

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.   FILING DATE  

APPLICANT(S) **097701587**

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL D.	<i>2</i>					
TOTAL P.		<i>2</i>				
TOTAL AIMS	<i>70</i>					

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IND.	DEP.	IND.
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TOTAL CLAIMS		